



To: City Councilors
CC: City Manager Ken Coleman
From: City Clerk Gail Davidson *Gail*
Date: September 9, 2015
Re: Setting Public Hearings on Retail Marijuana Store License Applications

Councilors:

At the November 4, 2014, Combined Election, the registered electors of the City approved the establishment of medical and retail marijuana establishments within the City limits. Subsequent to that approval, with extensive public input, on June 23, 2015, City Council passed Ordinance No. 5, Series 2015, establishing the regulations and process for approving those medical and retail marijuana establishments in Gunnison. Since marijuana establishment applications became available on July 6, 2015, seven applications have been received. Two of those applications have been preliminarily approved by City staff. In compliance with State Statute, the State Marijuana Enforcement Division (MED) forwarded the State application packets to the City for those two applicants.

I spoke with a representative of the MED today and she indicated both applications are being currently reviewed by MED and it is anticipated the City will receive an email with the conditional State license for Pure Industries LLC dba as SOMA Wellness within two weeks. It is anticipated the MED will email the conditional State license for ACME Healing Center of Gunnison LLC dba ACME Healing Center by mid- to late-October.

In order to keep the process moving forward for these businesses, Staff is proposing the City Public Hearings on these two applications be set in accordance with Gunnison Municipal Code Section 8.50.040B(1). The City application form has been included in your packet for preliminary information. The more detailed application will be included for the public hearing meetings. Thank you, Gail

Action Requested of Council: A motion, second and vote to set the public hearing on the retail marijuana store license application from Pure Industries LLC, dba SOMA Wellness, 500 W. Highway 50, Unit 101, Gunnison, CO, for 7:00 P.M., Tuesday, October 13, 2015; and

A motion, second and vote to set the public hearing on the retail marijuana store license application from ACME Healing Center of Gunnison LLC, dba ACME Healing Center, 620 S. 9th Street, Gunnison, Colorado for approximately 7:30 P.M., following the first scheduled public hearing, on Tuesday, October 13, 2015.

CITY OF GUNNISON, COLORADO
MARIJUANA ESTABLISHMENT LICENSE APPLICATION



CITY CLERK'S DEPARTMENT
201 W. VIRGINIA AVENUE - P.O. BOX 239
GUNNISON, CO 81230
970-641-8140 (phone) 970-641-8051 (FAX)
gail@cityofgunnison-co.gov (email)

Date Application Received by Clerk: 07 107 15 *AM*
Application Fee Paid: 07 1 14 1 15 (see attached fee schedule) *AM*
License Fee Paid: 07 1 14 1 15 *AM*
Application Received By: *[Signature]*

TYPE OF LICENSE: (please choose ONE)

- ☐ Medical Marijuana Center
- ☒ Retail Marijuana Store
- ☐ Cultivation Establishment: Medical _____ Retail _____
- ☐ Marijuana Product Manufacturing Establishment: Medical _____ Retail _____
- ☐ Marijuana Testing Facility
- ☐ License Renewal
- ☐ Modification of Premises
- ☐ Transfer License Ownership
- ☐ Transfer of License Location
- ☐ Other (please specify) _____

BUSINESS PREMISES INFORMATION

Legal Business Name: Pure Industries LLC
Trade Name of Business (dba): Soma Wellness
FEIN: 27-1305943 City Sales Tax # 99-661
State Sales Tax # 40-0017-002
Physical Address of Business: 500 W Hwy 50 101
Mailing Address of Business: PO Box 354 CB, CO 81224
Business Telephone Number: (970) 349-6640
Business Email: _____
Property Owner Name: Ken Bergan / Br L Holdings, LLC 320 Park Dr
Property Owner Address and Phone Number: (970) 209-3676
Building Owner Name: Ken Bergan
Building Owner Address and Phone Number: See Above

If the applicant is not the owner of the land or building where the marijuana establishment is to be located, the applicant shall submit a lease and a notarized "Property Owner Consent Form" granting consent from the property and/or building owner for the City to initiate the review process.

APPLICANT INFORMATION

APPLICANT is applying as a: (please choose ONE):

- ☐ Corporation
- ☒ Limited Liability Company (LLC)
- ☐ Partnership (includes Husband/Wife Partnerships)
- ☐ Individual (Sole Proprietor)
- ☐ Other (Specify)

APPLICANT NAME: Pure Industries, LLC - Lee Olesen Owner

Individual or Sole Proprietorship:

Applicant Full Legal Name:

Pure Industries, LLC

Social Security Number

N/A

DOB:

Applicant's Physical Address: 16 Snowmass Rd. #2 Mt CO

Applicant's Mailing Address: P.O. Box 3561

Applicant's Home and Cell Phone Numbers: (970) 901-5156

Applicant's Current Email Address: willbrown@gmail.com

What Marijuana License(s) does the Applicant or any member of the LLC, Corporation, Partnership/Association currently hold with the State of Colorado?

- | | |
|--|---|
| <input type="checkbox"/> Medical Marijuana Center | License #: <u>402R-00205 - CB Retail</u> |
| <input type="checkbox"/> Retail Marijuana Establishment | License #: <u>403R-00410 Grow Gunnison CO</u> |
| <input type="checkbox"/> Marijuana Product Manufacturing | License #: <u>404R-00123 PMP</u> |
| <input type="checkbox"/> Marijuana Testing | License #: <u>403R-00265 Boulder Grow</u> |
| <input type="checkbox"/> Cultivation Center | License #: <u>403R-00409 Pueblo Grow</u> |
| <input type="checkbox"/> Other | License #: <u> </u> |
| <input type="checkbox"/> None | License #: <u> </u> |

What Marijuana License(s) does the Applicant hold with the City of Gunnison?


- | | |
|--|--|
| <input type="checkbox"/> Type: <u> </u> | License #: <u> </u> |
| <input type="checkbox"/> Type: <u> </u> | License #: <u> </u> |

Additional Licenses Use Additional Pages

☒ None

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application and any required attachments are true, correct and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Marijuana Code that will affect my license.

Authorized Signature: 

Printed Name and Title: Lee Olesen, Owner

Date: 7/27/2015

(This page BELOW to be completed by City Staff)
CITY OF GUNNISON DEPARTMENTAL APPROVALS

Each Department Must Review, Approve, Sign, Check-Off, and Date for Application Approval to be forwarded to City Council for approval.

☐ CITY CLERK'S DEPARTMENT

- Includes payment of application and licensing fees; submission of complete application forms and any other forms as required.

Date approved: 08/31/2015 By: [Signature]

☐ COMMUNITY DEVELOPMENT DEPARTMENT

- Compliance with Mechanical, Fire and Technical Codes of the Gunnison Municipal Code
- Compliance with Land Use Requirements as defined in the Gunnison Land Development Code.

Date approved: 8.31.15 By: [Signature] See CD Dept Staff Conditions

☐ FINANCE DEPARTMENT

- Compliance with sales tax collection and remittance Code requirements

Date approved: 8/12/15 By: [Signature]

☒ POLICE DEPARTMENT

- Successful completion of local background checks and investigations

Date approved: 8/4/15 By: [Signature]

☐ PUBLIC WORKS DEPARTMENT

- Compliance with City Utilities Codes

Date approved: 8-13-15 By: [Signature]

REQUIRED ATTACHMENTS FOR CITY COUNCIL PUBLIC HEARING

Results of local background check by City of Gunnison Police Department.

Approved Site Development Application and/or Conditional Use Permit.

Completed State of Colorado License Application Forms to Application.

Date Application Accepted by City Council: / /

Date of Public Hearing: / /

APPLICATION APPROVED: / /

APPLICATION DENIED: / /

CITY OF GUNNISON, COLORADO
MARIJUANA ESTABLISHMENT LICENSE – PROPERTY OWNER CONSENT

CITY CLERKS DEPARTMENT
201 W. VIRGINIA AVENUE
P.O. BOX 239
GUNNISON, CO 81230
970-641-8140 (phone) 970-641-8051 (FAX)
gail@cityofgunnison-co.gov (Email)

BUSINESS NAME: Pure Industries, LLC. - Sama Wellness Lounge
APPLICANT NAME: Pure Industry, LLC. Lee Allen - Owner
STREET ADDRESS OF PROPOSED LICENSED PREMISES:
~~9000~~ 500 W Hwy 50 Unit 101
LEGAL DESCRIPTION: n/a

OWNER'S CONSENT TO SUBMISSION OF APPLICATION
FOR MARIJUANA ESTABLISHMENT ON OWNED PREMISES

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a (check all that apply):

- ☐ Medical Marijuana Center
- ☒ Retail Marijuana Store
- ☐ Cultivation Establishment: Medical _____ Retail _____ (check one)
- ☐ Marijuana Product Manufacturing Establishment: Medical _____ Retail _____
- ☐ Marijuana Testing Facility

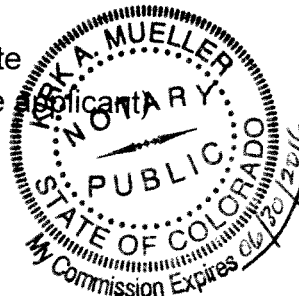
Ken Bergan - Bob Holdings Property Owner (Printed Name)

Kenneth Bergan Property Owner (Signature)

7-27-15 Date

(Attach copy of deed or lease in name of the license applicant)

STATE OF COLORADO)
) ss.
COUNTY OF Gunnison)



The foregoing instrument was acknowledged before me this 27TH day of July, 2015, by Kenneth Bergan.

WITNESS my hand and official seal,
My commission expires 06/30/2016.

K. A. Mueller
Notary Public

CITY OF GUNNISON, COLORADO
MARIJUANA ESTABLISHMENT LICENSE APPLICATION



CITY CLERK'S DEPARTMENT
201 W. VIRGINIA AVENUE - P.O. BOX 239
GUNNISON, CO 81230
970-641-8140 (phone) 970-641-8051 (FAX)
gail@cityofgunnison-co.gov (email)

Date Application Received by Clerk: 08 / 12 / 15
Application Fee Paid: 08 / 12 / 15 (see attached fee schedule)
License Fee Paid: 08 / 12 / 15
Application Received By: [Signature]

TYPE OF LICENSE: (please choose ONE)

- ☐ Medical Marijuana Center
- ☒ Retail Marijuana Store
- ☐ Cultivation Establishment: Medical _____ Retail _____
- ☐ Marijuana Product Manufacturing Establishment: Medical _____ Retail _____
- ☐ Marijuana Testing Facility
- ☐ License Renewal
- ☐ Modification of Premises
- ☐ Transfer License Ownership
- ☐ Transfer of License Location
- ☐ Other (please specify) _____

BUSINESS PREMISES INFORMATION

Legal Business Name: Acme Healing Center of Gunnison, LLC
Trade Name of Business (dba): N/A
FEIN: 47-4425218 City Sales Tax # 99-672
State Sales Tax # 29787305-0001
Physical Address of Business: 620 S 9th St Gunnison, CO 81230
Mailing Address of Business: 157 Hwy 550 Ridgway, CO 81432
Business Telephone Number: 970.626.4099
Business Email: aubrey@acmehealingcenter.com
Property Owner Name: Donald Calhoun
Property Owner Address and Phone Number: 38151 W Hwy 50, Gunnison, CO 81230
Building Owner Name: Same 970 275-3332
Building Owner Address and Phone Number: Same

If the applicant is not the owner of the land or building where the marijuana establishment is to be located, the applicant shall submit a lease and a notarized "Property Owner Consent Form" granting consent from the property and/or building owner for the City to initiate the review process.

APPLICANT INFORMATION

APPLICANT is applying as a: (please choose ONE):

- ☐ Corporation
- ☒ Limited Liability Company (LLC)
- ☐ Partnership (includes Husband/Wife Partnerships)
- ☐ Individual (Sole Proprietor)
- ☐ Other (Specify)

APPLICANT NAME: Christopher Sanchez

Individual or Sole Proprietorship:

Applicant Full Legal Name:

Christopher Sig Sanchez

Social Security Number

[REDACTED]

DOB:

[REDACTED]

Applicant's Physical Address: 14129 3100 Rd, Hotchkiss CO 81419

Applicant's Mailing Address: 157 Hwy 550 Ridgway CO 81432

Applicant's Home and Cell Phone Numbers: (970) 216.1079

Applicant's Current Email Address: admin@acmehealingcenter.com, cc:

aubrey@acmehealingcenter.com

What Marijuana License(s) does the Applicant or any member of the LLC, Corporation, Partnership/Association currently hold with the State of Colorado?

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Medical Marijuana Center | License #: <u>see attached</u> |
| <input checked="" type="checkbox"/> Retail Marijuana Establishment | License #: <u>see attached</u> |
| <input type="checkbox"/> Marijuana Product Manufacturing | License #: _____ |
| <input type="checkbox"/> Marijuana Testing | License #: _____ |
| <input checked="" type="checkbox"/> Cultivation Center | License #: <u>see attached</u> |
| <input type="checkbox"/> Other | License #: _____ |
| <input type="checkbox"/> None | |

What Marijuana License(s) does the Applicant hold with the City of Gunnison?

- | | |
|--------------------------------------|------------------|
| <input type="checkbox"/> Type: _____ | License #: _____ |
| <input type="checkbox"/> Type: _____ | License #: _____ |

Additional Licenses Use Additional Pages

- ☒ None

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application and any required attachments are true, correct and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Marijuana Code that will affect my license.

Authorized Signature: 

Printed Name and Title: Christopher Sanchez, Owner

Date: 08.10.15

(This page BELOW to be completed by City Staff)
CITY OF GUNNISON DEPARTMENTAL APPROVALS

Each Department Must Review, Approve, Sign, Check-Off, and Date for Application Approval to be forwarded to City Council for approval.

☐ **CITY CLERK'S DEPARTMENT**

- Includes payment of application and licensing fees; submission of complete application forms and any other forms as required.

Date approved: 8/13/15 By: [Signature]

☐ **COMMUNITY DEVELOPMENT DEPARTMENT**

- Compliance with Mechanical, Fire and Technical Codes of the Gunnison Municipal Code
- Compliance with Land Use Requirements as defined in the Gunnison Land Development Code.

Date approved: 8-31-15 By: [Signature] ^{CD Dept} Sec Staff Conditions

☐ **FINANCE DEPARTMENT**

- Compliance with sales tax collection and remittance Code requirements

Date approved: 8/12/15 By: [Signature]

☐ **POLICE DEPARTMENT**

- Successful completion of local background checks and investigations

Date approved: _____ By: _____

☐ **PUBLIC WORKS DEPARTMENT**

- Compliance with City Utilities Codes

Date approved: 8-13-15 By: [Signature]

REQUIRED ATTACHMENTS FOR CITY COUNCIL PUBLIC HEARING

Results of local background check by City of Gunnison Police Department.

Approved Site Development Application and/or Conditional Use Permit.

Completed State of Colorado License Application Forms to Application.

Date Application Accepted by City Council: ____/____/____

Date of Public Hearing: ____/____/____

APPLICATION APPROVED: ____/____/____

APPLICATION DENIED: ____/____/____

CITY OF GUNNISON, COLORADO
MARIJUANA ESTABLISHMENT LICENSE – PROPERTY OWNER CONSENT

CITY CLERKS DEPARTMENT
201 W. VIRGINIA AVENUE
P.O. BOX 239
GUNNISON, CO 81230
970-641-8140 (phone) 970-641-8051 (FAX)
gail@cityofgunnison-co.gov (Email)

BUSINESS NAME: Acme Healing Center of Gunnison, LLC

APPLICANT NAME: Chris Sanchez

STREET ADDRESS OF PROPOSED LICENSED PREMISES:

620 S. 9th St., Gunnison CO 81230

LEGAL DESCRIPTION: Lots 10-13 Blk 8 Rio Grande Addn #626222

OWNER'S CONSENT TO SUBMISSION OF APPLICATION
FOR MARIJUANA ESTABLISHMENT ON OWNED PREMISES

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a (check all that apply):

- ☐ Medical Marijuana Center
- ☒ Retail Marijuana Store
- ☐ Cultivation Establishment: Medical _____ Retail _____ (check one)
- ☐ Marijuana Product Manufacturing Establishment: Medical _____ Retail _____
- ☐ Marijuana Testing Facility

Don Calhoun

Property Owner (Printed Name)

Property Owner (Signature)

Date

(Attach copy of deed or lease in name of the license applicant)

STATE OF COLORADO)

) ss.

COUNTY OF Gunnison)

The foregoing instrument was acknowledged before me this 14th day of July, 2015, by Donald L. Calhoun.

WITNESS my hand and official seal.

My commission expires August 9, 2016

Notary Public

JESSICA MAST
NOTARY PUBLIC

STATE OF COLORADO
NOTARY ID #20124050417

My Commission Expires August 9, 2016